

**IN THE SUPERIOR COURT FOR THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING**

vs.,

Plaintiff/Petitioner,

Defendant/Respondent.

KING COUNTY NO.:
COURT OF APPEALS NO.:
SUPREME COURT NO.:
THIS IS SUPPLEMENTAL ☐ YES ☐ NO
TRIAL EXHIBITS REQUESTED ☐ YES ☐ NO

**DESIGNATION OF CLERK'S PAPERS
(Clerk's Action Required)**

SCOMIS CODE: DSGCKP

For each sub number requested the full document will be prepared. You are encouraged to designate only documents in support of the issues presented to the Court (RAP 9.6.). For the Clerk to prepare the Index, this designation must contain adequate information. Any designation lacking the required information shall be returned to the requestor with a cover letter identifying the defects.

I understand that upon receipt of acceptable payment the Clerk will transmit the Clerk's Papers to the appropriate Court. **I agree to pay the amount owed within 14 days of receiving a copy of the index, regardless of the status of the appeal.**

Signed: _____

Printed Name: _____

Address: _____

City, State, Zip _____

Telephone (with area code) _____

Attorney For:/ WSBA# _____

